

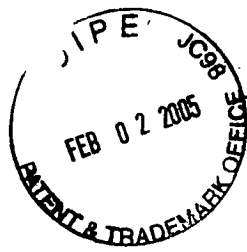
In re Application of:

Masanobu SAITO, et al.

Application No.: 10/649,835

Filed: August 28, 2003

For: IMAGE FORMING APPARATUS,
CARTRIDGE AND STORAGE
MEDIUM



Docket No. 03500.017512.

Examiner: Hoan H. Tran

Group Art Unit: 2852

Date: February 2, 2005

Mail Stop Amendments

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment, clean and marked-up copies of a Substitute Specification, and corrected formal drawings of Figures 1, 2, 3B, 4A, and 4B in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 24	MINUS	** 24	= 0	x \$25 \$50	\$ 0.00
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$100 \$200	\$ 0.00
Fee for Multiple Dependent claims \$180°/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ 0.00

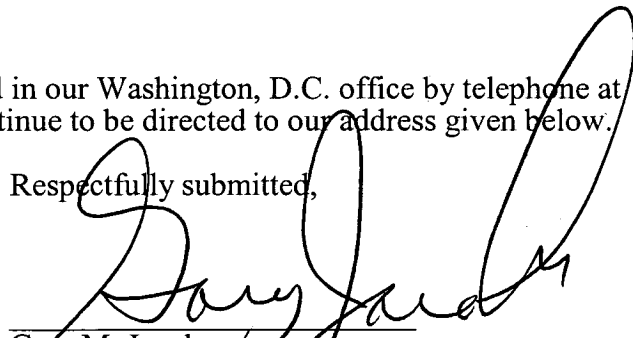
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

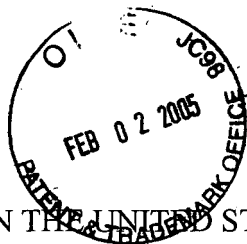
Respectfully submitted,



Gary M. Jacobs
Attorney for Applicants
Registration No.: 28,861

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GMJ:ayr

03500.017512



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: Hoan H. Tran
Masanobu SAITO, et al.)	
	:	Group Art Unit: 2852
Application No.: 10/649,835)	
	:	
Filed: August 28, 2003)	
	:	
For: IMAGE FORMING APPARATUS,)	February 2, 2005
CARTRIDGE AND STORAGE	:	
MEDIUM)	

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

**AMENDMENT AND SUBMISSION OF SUBSTITUTE SPECIFICATION
AND SUBMISSION OF CORRECTED FORMAL DRAWINGS**

Sir:

In response to the December 2, 2004 Office Action, please amend the application as follows.

IN THE TITLE:

Please amend the title to read as follows:

--A STORAGE AREA STORING INFORMATION OF THE AMOUNT OF USE OF
EACH FEATURE OF DIFFERENT IMAGE FORMING APPARATUSES, A CARTRIDGE
HAVING SUCH A STORAGE AREA, AND AN IMAGE FORMING APPARATUS;
MOUNTING SUCH A CARTRIDGE AND STORAGE MEDIUM--.